



## 2002 California Children's Services (CCS) Status Report

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Children enrolled in the Healthy Families Program (HFP) receive comprehensive health, dental and vision services through enrollment in licensed plans which participate in the program. In addition to services arranged, provided and paid for by plans, children with chronic handicapping medical conditions receive services through the California Children's Services (CCS) Program. The CCS Program is a statewide program that arranges, directs, and pays for medical care, equipment, and rehabilitation services.

The CCS program is administered by the Children's Medical Services (CMS) Branch of the California Department of Health Services (DHS). The CMS Branch sets guidelines and regulations for the program. Twenty-six counties with a population generally in excess of 200,000, referred to as "independent counties", administer most aspects of the program including determination of eligibility, authorization of services, and case management. Smaller counties known as "dependent counties" rely on three state-administered regional offices for medical eligibility determinations, authorization of services and case management. These dependent counties directly handle financial and residential eligibility determinations.

The CCS program provides medical services through a network of "paneled" providers comprised of pediatric specialists. This provider network was made available to the HFP because policymakers and other stakeholders believe that this network has superior expertise to care for children with special health care needs.

To ensure coordination of care for HFP subscribers who are eligible for the CCS services, the Managed Risk Medical Insurance Board (MRMIB) developed a model Memorandum of Understanding (MOU) for use by HFP participating plans and county CCS programs. The MOU describes a common set of responsibilities for HFP participating plans and county CCS programs. Plans participating in the HFP are required to submit an MOU that has been signed by a plan official and a county CCS program official. Individual MOUs are required for each

county in which the plan participates in the HFP. Once signed, the MOUs remain in effect until the plan ceases to participate in the HFP or withdraws from a county.

If a plan replaces its product line in an existing county, the plan may choose to sign a new CCS MOU with the county. If a plan adds a new county to its services area, a new MOU must be signed with the county. Effective July 2002, Health Net replaced its HMO coverage in Butte, Lake, Sutter, and Yuba counties with an EPO product through Health Net Life (HNL). Health Net is also providing coverage for the first time in Humboldt and Imperial Counties through HNL and in Sierra through its HMO. All seven MOUs have been signed and have been received by MRMIB.

This report provides data on the cases and dollars spent on HFP subscribers receiving CCS services for the 2001/02 benefit year.

## Overview of CCS Program

### Who Qualifies for CCS Services?

A HFP subscriber may be eligible for the CCS program if he or she has a medical or dental condition that is eligible for CCS. A HFP subscriber who meets the CCS medical eligibility criteria is deemed financially eligible for CCS services.

#### **CCS eligible medical conditions include the following:**

- diseases of the heart (*congenital heart diseases, rheumatic heart disease*)
- neoplasms (*cancer, tumors*)
- diseases of the blood (*hemophilia, sickle cell anemia*)
- respiratory systems (*cystic fibrosis, chronic lung disease*)
- genito-urinary systems (*serious kidney problems*)
- endocrine, nutritional, and metabolic diseases (*thyroid problems, PKU or diabetes that is hard to control*)
- diseases of the GI system (*liver problems such as biliary atresia*)
- serious birth defects (*cleft lip/palate, spina bifida*)
- diseases of the sense organs (*eye problems leading to loss of vision such as glaucoma and cataract, and hearing loss*)
- diseases of the nervous system (*cerebral palsy, uncontrolled epilepsy/seizures*)
- diseases of the musculoskeletal system and connective tissue (*rheumatoid arthritis, muscular dystrophy*)
- severe disorder of the immune system (*HIV infection*)
- disabling injuries and poisoning requiring intensive care or rehabilitation (*severe head, brain, or spinal cord injuries, severe burns*)
- complications of premature birth requiring an intensive level of care
- diseases of the skin and subcutaneous tissue (*port wine stain*)
- medically handicapping malocclusion (*severely crooked teeth*)

### What services are available?

CCS provides the following services to children that are eligible for the program:

- Case Management
- Diagnostic Services
- Treatment Services – These may include services from a doctor, emergency services, hospital services, home health care, high-risk infant follow-up, and other medical services when determined by the CCS program as medically necessary to treat the child's CCS-eligible condition.
- Special Care Centers – These centers provide CCS services to CCS children who have special medical conditions that require care from many specialists working together.
- Medical Therapy Program (MTP) in schools – MTP is a coordinated program of medically necessary physical therapy (PT) and occupational therapy (OT) services provided to medically eligible children.
- Other services to help parents and children such as skilled nursing services in the home, counseling to help with stress and worry, transportation, lodging and meals.

## Referrals

The contract between MRMIB and plans participating in the HFP requires plans to refer children suspected of having a CCS eligible condition to the appropriate county CCS office. Table 1 below shows the number of CCS referrals that were reported by participating plans during the 2001/02 benefit year (July 01-June 02). Although the referrals as a percentage of plan enrollment remained the same (1%), the total number of CCS referrals has increased by 28% from those made in 2000/01 benefit year. The six plans with the highest number of referrals as a percentage of plan enrollment for benefit year 2001/02 are Kern Family Health Care, Ventura County Health Care Plan, Universal Care, L.A. Care Health Plan, San Francisco Health Plan and CalOPTIMA Kids.

Table 1 includes only those children who were referred to CCS from a HFP participating plan. Referrals of HFP children to CCS may come from other sources, such as schools and families, and are not reflected in the table.

Table 1

Plan Name	Total CCS Referrals for 2000/01 Benefit Year	Total CCS Referrals for 2001/02 Benefit Year	Referrals as % of Plan Enrollment as of 6/30/02
Alameda Alliance for Health	11	11	0.2%
Blue Cross (HMO and EPO)	2,581	1,967	0.9%
Blue Shield (HMO and EPO)	148	97	0.3%
CalOPTIMA Kids	298	436	2.0%
Care 1st Health Plan	8	20	0.5%
Central Coast Alliance for Health	0	6	0.4%
Community Health Group	136	183	1.0%
Community Health Plan	134	253	1.0%
Contra Costa Health Plan	13	11	0.5%
Health Net	287	894	1.0%
Health Plan of San Joaquin	26	28	0.4%
Health Plan of San Mateo	2	0	0.0%
Inland Empire Health Plan	28	37	0.2%
Kaiser Permanente	94	131	0.2%
Kern Family Health Care	89	214	4.0%
L.A. Care Health Plan	40	178	2.0%
Molina	42	94	0.8%
San Francisco Health Plan	41	123	2.0%
Santa Barbara Regional Health Authority	23	16	1.0%
Santa Clara Family Health Plan	16	84	0.8%
Sharp Health Plan	102	148	0.8%
UHP Healthcare	22	24	1.0%
Universal Care	111	133	2.0%
Ventura County Health Care Plan	102	101	3.0%
Access Dental	190	256	0.3%
Delta Dental	271	521	0.1%
Health Net Dental	152	107	0.1%
Premier Access	12	8	.05%
Universal Care Dental	15	284	1.0%
Vision Service Plan	0	3	0.0%
<b>TOTAL</b>	<b>4,994</b>	<b>6,368</b>	<b>1.1%</b>

**Data Source:** CCS quarterly referral reports from participating HFP plans

## Active HFP CCS Cases

Table 2

County	# of HFP Enrollees as of 6/30/02	# of HFP CCS Active Cases	Active Cases as % of County Enrollees
Alameda	12,088	67	0.5%
Amador	326	12	3.7%
Alpine	4	0	0.0%
Butte	2,857	75	2.6%
Calaveras	454	18	4.0%
Colusa	1,103	46	4.1%
Contra Costa	6,228	101	1.6%
Del Norte	333	10	3.0%
El Dorado	1,812	47	2.6%
Fresno	16,043	731	4.6%
Glenn	943	78	8.3%
Humboldt	1,541	147	9.5%
Imperial	3,154	164	5.2%
Inyo	214	0	0.0%
Kern	13,609	263	1.9%
Kings	2,395	31	1.3%
Lake	1,206	119	9.9%
Lassen	289	3	1.0%
Los Angeles	170,393	5,020	2.9%
Madera	2,637	125	4.7%
Marin	1,641	43	2.6%
Mariposa	254	7	2.8%
Mendocino	1,778	143	8.0%
Merced	5,163	356	6.9%
Modoc	123	10	8.1%
Mono	303	59	19.5%
Monterey	10,505	607	5.8%
Napa	1,337	68	5.1%
Nevada	1,802	47	2.6%
Orange	54,920	1,237	2.3%
Placer	2,128	46	2.2%
Plumas	253	7	2.8%
Riverside	36,767	539	1.5%
Sacramento	12,409	235	1.9%
San Benito	1,078	24	2.2%
San Bernardino	38,662	540	1.4%
San Diego	47,774	961	2.0%
San Francisco	10,003	212	2.1%
San Joaquin	12,296	1,280	10.4%
San Luis Obispo	3,378	126	3.7%
San Mateo	4,820	116	2.4%
Santa Barbara	6,630	491	7.4%
Santa Clara	16,272	311	1.9%
Santa Cruz	3,635	320	8.8%
Shasta	3,558	100	2.8%
Sierra	26	1	3.8%
Siskiyou	551	34	6.2%
Solano	3,140	75	2.4%
Sonoma	6,143	273	4.4%
Stanislaus	7,447	125	1.7%
Sutter	2,086	362	17.4%
Tehama	1,027	29	2.8%
Trinity	278	14	5.0%
Tulare	9,348	656	7.0%
Tuolumne	757	32	4.2%
Ventura	13,187	569	4.3%
Yolo	2,267	169	7.5%
Yuba	1,239	70	5.6%
<b>Total</b>	<b>562,614</b>	<b>17,351</b>	<b>3.1%</b>

Data Source: DHS CMS Branch, CCS paid claims

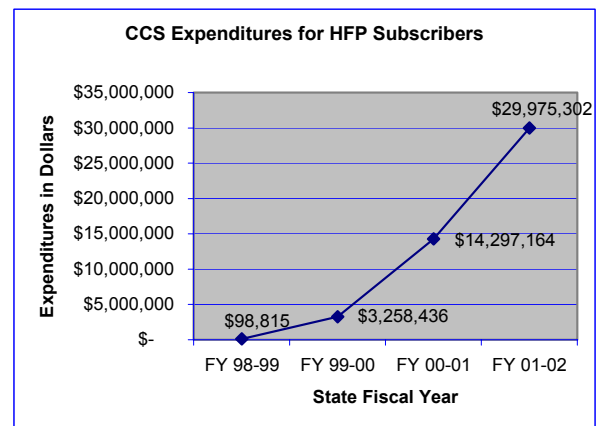
In comparison to the prior benefit year, the number of HFP CCS active cases in benefit year 2001/02 has increased by 88%. Over 17,300 children enrolled in the HFP had "active" CCS cases, representing more than 3% of the HFP population. In the 2000/01 benefit year, 9,210 HFP children were identified as active CCS cases, representing 2% of the HFP population.

The counties with the highest number of active HFP/CCS cases are Los Angeles (5,020), San Joaquin (1,280), Orange (1,237), San Diego (961) and Fresno (731). During the 2000/01 benefit year, Los Angeles, San Diego, Orange, Ventura and San Bernardino were the five counties with the highest number of active HFP/CCS cases. Between the 2000/01 and 2001/02 benefit years, the number of active HFP CCS cases in San Joaquin County increased by more than 1,036 cases. The number of active cases as a percentage of San Joaquin County's HFP enrollees increased from 2.3% to 10.4%. According to staff from San Joaquin County CCS, the increase in number of active cases may be attributed to the increase in popularity of the HFP, better access to health care, or increased efforts on the part of San Joaquin County CCS program and HFP providers in identifying HFP children who are eligible for CCS services.

### Expenditures for CCS Services

Since the inception of the HFP, expenditures for CCS related services have increased steadily. Total dollars spent over the last 4 years were approximately \$48.8 million. Sixty-five percent federal, 17.5% state, and 17.5% county funds are used to pay for CCS services provided to children enrolled in the HFP. For HFP subscribers whose family income is determined to be over the \$40,000 CCS financial eligibility requirement, the county's financial responsibility for payment of services is waived. For these children, only state and federal funds are used to pay for CCS services.

Chart 1\*



Data Source: DHS accounting records

## Expenditures by County

Table 3\*

Claims Paid by County			
County	7/1/99-6/30/01	7/1/01-6/30/02	Total Claims Paid as of 6/30/02
Alameda	\$521,173	\$943,540	\$1,464,713
Amador	\$605	\$162,620	\$163,225
Alpine	\$69	\$0	\$69
Butte	\$538,129	\$128,882	\$667,011
Calaveras	\$63,146	\$34,752	\$97,898
Colusa	\$55,348	\$102,779	\$158,127
Contra Costa	\$113,501	\$488,208	\$601,709
Del Norte	\$5,966	\$34,072	\$40,038
El Dorado	\$548,793	\$813,146	\$1,361,939
Fresno	\$372,243	\$997,254	\$1,369,497
Glenn	\$70,273	\$44,927	\$115,200
Humboldt	\$214,640	\$141,171	\$355,811
Imperial	\$302,636	\$155,469	\$458,105
Inyo	\$667	\$11,945	\$12,612
Kern	\$0	\$61,480	\$61,480
Kings	\$165,831	\$161,563	\$327,394
Lake	\$16,961	\$43,725	\$60,686
Lassen	\$5,922	\$1,073	\$6,995
Los Angeles	\$2,951,215	\$7,158,249	\$10,109,464
Madera	\$461,499	\$135,551	\$597,050
Marin	\$143,013	\$71,352	\$214,365
Mariposa	\$193,212	\$39,426	\$232,638
Mendocino	\$106,569	\$93,572	\$200,141
Merced	\$444,505	\$420,459	\$864,964
Modoc	\$5,539	\$2,953	\$8,492
Mono	\$10,717	\$48,204	\$58,921
Monterey	\$903,969	\$1,045,003	\$1,948,972
Napa	\$5,767	\$34,589	\$40,356
Nevada	\$90,139	\$225,374	\$315,513
Orange	\$111	\$1,307,251	\$1,307,362
Placer	\$265,290	\$114,755	\$380,045
Plumas	\$38,186	\$6,174	\$44,360
Riverside	\$2,324,325	\$1,773,619	\$4,097,944
Sacramento	\$1,896	\$471,448	\$473,344
San Benito	\$67,043	\$123,855	\$190,898
San Bernardino	\$823,026	\$2,360,392	\$3,183,418
San Diego	\$2,359,998	\$3,421,691	\$5,781,689
San Francisco	\$371,322	\$338,480	\$709,802
San Joaquin	\$70,574	\$720,433	\$791,007
San Luis Obispo	\$152,910	\$358,737	\$511,647
San Mateo	\$0	\$0	\$0
Santa Barbara	\$390,096	\$531,680	\$921,776
Santa Clara	\$543,056	\$1,641,025	\$2,184,081
Santa Cruz	\$72,737	\$316,663	\$389,400
Shasta	\$166,679	\$150,710	\$317,389
Sierra	\$1,363	\$0	\$1,363
Siskiyou	\$14,274	\$8,704	\$22,978
Solano	\$3,091	\$9,291	\$12,382
Sonoma	\$9,212	\$80,915	\$90,127
Stanislaus	\$200,292	\$963,361	\$1,163,653
Sutter	\$143,538	\$156,464	\$300,002
Tehama	\$129,831	\$29,984	\$159,815
Trinity	\$22,276	\$8,556	\$30,832
Tulare	\$279,484	\$347,315	\$626,799
Tuolumne	\$149,590	\$168,762	\$318,352
Ventura	\$357,076	\$936,968	\$1,294,044
Yolo	\$112,343	\$90,189	\$202,532
Yuba	\$233,696	\$61,012	\$294,708
State only	\$43,391	\$186,699	\$230,090
Counties Unknown	\$11,846	\$48,585	\$60,431
<b>Totals</b>	<b>\$17,670,606</b>	<b>\$30,335,054</b>	<b>\$48,005,660</b>

**Data Source:** DHS CMS Branch, CCS paid claims

To access federal HFP dollars, county CCS programs must be able to use the CMSNet fiscal system and CCS claims for HFP subscribers must be processed by Electronic Data Systems (EDS). Only one county has not yet set up its system to bill EDS for CCS services. In the absence of the billing system, county and state funds are used to cover the costs of CCS services provided to children enrolled in the HFP.

Table 3 shows the CCS expenditures paid to CCS counties. Payments made to CCS counties for CCS services provided in benefit year 2001/02 are almost twice the combined payments made in the two prior benefit years. The counties with the highest expenditures as a percentage of total dollars for benefit years 2001/02 are Los Angeles (24%), San Diego (11%), San Bernardino (8%), Riverside (6%), and Santa Clara (5%). In the 2000/01 benefit year, Los Angeles, San Diego, Riverside, Monterey and Santa Clara were the five counties with the highest expenditures.

\* The difference in total expenditures shown in Chart 1 and Table 3 is due to variances in the calculation of expenditures between the two data sources. CMS has identified procedural and system causes of these variances in calculation and is working to eliminate the difference.

### Expenditures by Claims Type

The majority (63%) of claims paid for HFP/CCS children are to inpatient facilities. Table 4 shows the breakdown of HFP/CCS expenditures paid by claim types.

Table 4

Claims Paid by Claims Type		
Benefit Year 2001/02		
Claim Type	Total Dollars Paid	Dollars as % of Claims Paid
Pharmacy	\$2,787,262	9%
Inpatient	\$18,982,801	63%
Outpatient <sup>1</sup>	\$1,797,329	6%
Medical/Physician <sup>2</sup>	\$6,748,855	22%
Vision	\$18,798	.06%
<b>Total</b>	<b>\$30,335,045</b>	<b>100%</b>

<sup>1</sup> Includes \$1,618,450.00 paid for durable medical equipment (DME) and medical supplies.

<sup>2</sup> Includes \$70,440.59 paid for dental services.

**Data Source:** DHS CMS Branch, CCS paid claims

## HFP CCS Expenditures by Eligible Conditions

Table 5 shows HFP/CCS expenditures by major diagnostic category. Malignancies, diseases of the heart and ophthalmology conditions account for the highest expenditures among HFP CCS members for the 2001/02 fiscal year. In comparison to the 2000/01 expenditures, the 2001/02 HFP CCS expenditures by eligible conditions have increased by 114%. Malignancies (13%), diseases of the heart (10%), and coagulation disorders (7%) are the three CCS major eligible conditions that account for the highest total expenditures among HFP members since the program's inception.

Table 5

	FY 1999/00	FY 2000/01	FY 2001/02	Total Expenditures
<b>Medical Conditions</b>				
Malignancies	\$285,807	\$2,579,279	\$3,428,720	\$6,293,806
Thyroid disorders	\$1,407	\$11,611	\$38,401	\$51,419
Diabetes	\$57,552	\$191,324	\$452,194	\$701,070
Immune disorders	\$933	\$6,501	\$12,748	\$20,182
Pituitary disorders	\$2,006	\$16,311	\$13,970	\$32,287
Metabolic disorders	\$7,149	\$20,436	\$367,680	\$395,265
Cystic fibrosis	\$83,475	\$76,534	\$120,611	\$280,620
Hemoglobinopathies	\$5,346	\$88,327	\$117,693	\$211,366
Coagulation disorders	\$422,837	\$952,871	\$2,124,026	\$3,499,735
Cerebral palsy	\$91,736	\$120,523	\$156,205	\$368,464
Myopathies	\$0	\$52,135	\$152,786	\$204,921
Ophthalmology	\$15,666	\$96,237	\$2,925,723	\$3,037,626
ENT (Ear, Nose, Throat)	\$43,571	\$199,934	\$473,881	\$717,386
Cardiac	\$211,113	\$1,517,104	\$2,856,344	\$4,584,561
Asthma	\$48,627	\$79,034	\$68,818	\$196,479
Dental	\$69,675	\$218,970	\$629,260	\$917,905
Intestinal	\$22,283	\$114,193	\$113,932	\$250,408
Renal	\$102,470	\$298,972	\$669,929	\$1,071,371
Joint disorders (acute and chronic)	\$32,100	\$116,241	\$286,660	\$435,001
Spina bifida	\$7,386	\$53,711	\$108,278	\$169,375
Cleft palate/lip	\$20,700	\$97,573	\$241,237	\$359,510
Head injury	\$31,628	\$371,469	\$773,073	\$1,176,170
Other fractures	\$80,910	\$442,359	\$1,329,090	\$1,852,359
Other trauma	\$201,861	\$557,818	\$2,282,972	\$3,042,651
Other conditions	\$1,400,448	\$5,892,815	\$10,590,814	\$17,884,077
<b>Total expenditures</b>	<b>\$3,246,686</b>	<b>\$14,172,281</b>	<b>\$30,335,045</b>	<b>\$47,754,012</b>

**Data Source:** DHS CMS Branch, CCS paid claims

### Acknowledgements

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